FCC 388

DTV Consumer Education Quarterly Activity Report

Instructions

This form should be used to provide the Federal Communications Commission (FCC) with information pertaining to <u>all</u> station activity to educate consumers on the transition to digital television (DTV). All stations should log DTV Transition-Related Public Service Announcements (PSAs) and other DTV activities using the appropriate house (identification) numbers. These logs or records should include the date and time that each DTV activity occurred. This form must be filed in Docket Number 07-148 as Document Type: REPORT, and placed in the station's Public Inspection File. This form must continue to be filed for each quarter in which a station has DTV Transition education obligations.

- Go to the ECFS upload page: http://fjallfoss.fcc.gov/prod/ecfs/upload_v2.cgi
- · Fill out the relevant cover sheet information.
- In the "Send Comment Files to FCC (Attachments)" section click the "Browse" button to choose the file you want to attach.
 (Or the first file if you have multiple files to attach)
- Click on the "Select one of these file types or convert your file to one of these types:" dropdown to choose the type of file
 that was attached.
- Click "Send Attached File to FCC"
- · If you only had one file to attach click "Finish Transaction and Receive Confirmation".
- · If you have another file to attach, click on the "Enter Additional Attachments"

| Station Call Sign | ı(s) | | F. | | KUNO |
|-------------------------------------|----------------|--------------|----------|--|------------------------|
| Report reflects in | nformat | ion fo | r quarte | er ending (mm/dd/yy) | 03/31/08 |
| Have you opted | to comp | ly wit | h Option | one, Two, or Three (once elected, this choice | may not change)? |
| ☐ Option | n One (A | A and | D) | Option Two (B and D) | Option Three (C and D) |
| Over the past qu Yes Simulcasting | arter, h No | ave y | ou fully | complied with the requirements of this option? | |
| Are you simulcas | ting on y | our A | nalog ch | annel and your primary Digital stream? | |
| | Yes | \boxtimes | No | | |
| | | | | If YES, complete only one form for both. If NO channel and a second for your primary Digital str | |

| Call Sign | Call Sign Channel Numbers | | | Community of License | | | | | |
|---|---------------------------|--------------------|------------|--|----------------------------------|-------|-----------|----------|--|
| | | | | City | | State | County | Zip Code | |
| KUNO | Analog Digital | 8 | ⊠ | Fort Bragg | | CA | Mendocino | 95437 | |
| Licensee Concord | License, LL | | 🖺 | | | | | | |
| Above, circle the Channel Number(s) to which this form applies. | | | Nielsen DM | A | World Wide Web Home Page Address | | | | |
| Both 8 and 15 | | | | San Fran-C San Jose | Dakland- | | | | |
| Facility ID Number Previous Call Sign (if applicable) | | gn (if applicable) | | License Renewal Expiration Date (mm/dd/yy) | | | | | |
| 8378 KFCB | | | 12/01/14 | | | | | | |

Section A (For broadcasters electing Option One)

Stations that elect Option One must place a copy of this form on the station's public website, if such exists.

On its analog channel, and its primary digital stream, a station must air one transition PSA, and run one transition crawl, in every quarter of every day. This requirement will increase to two PSAs and crawls per quarter per day on April 1, 2008, and to three of each on October 1, 2008. Stations are required to air PSAs or crawls at various times in any given day part, and at least one PSA and one crawl per day must be run during primetime hours. On-air education must not contain inaccurate or misleading statements and must be provided in the same language as a majority of the programming carried by the station. PSAs must be at least 15 seconds, and closed-captioned. Crawls must run during programming for no fewer than 60 consecutive seconds across the bottom or top of the viewing area (See rules for additional details).

| Have you a correct quar | | | f eligible PSAs (2) | 8, 56, or 84 per w | veek, d | epending on the reporting period) during the |
|-------------------------|-----|----|----------------------|--------------------|---------|---|
| | Yes | No | | | | |
| Have you a correct quar | | | f eligible crawls (2 | 8, 56, or 84 per v | week, d | depending on the reporting period) during the |
| | Yes | No | | | 97 | |

Section B (For broadcasters electing Option Two)

On its analog channel, and its primary digital stream, a station must run an average of 16 transition-related PSAs and 16 transition-related crawls, snipes, and/or tickers per week in each quarter, all between the hours of 5 a.m. and 1 a.m.. It must also run one 30 minute DTV-related informational program once, and one 100-Day Countdown piece per day for the 100 days prior to the conclusion of the transition. Comment boxes MUST be used to describe these compliant activities (See rules for additional details).

Total Number of Eligible DTV Transition-Related PSAs and Crawls, Snipes, and/or Tickers (CSTs) Run -- Last Quarter

| to 9:00 |
|---------|
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| arter |
| |
| |
| NO |
| ar |

30 Minute Educational Programs – Last Quarter

| be run between the hours of 8:00 a.m. | | | the quarter? At least on | ie such program must |
|---|-------------------------|-------------------------|--|-----------------------|
| Total number of 30 Minute Information | nal Programs | 0 | | |
| Comments (add additional sheets whe | re necessary): | 1000000 | , | |
| | | | | |
| 100-Day Countdown Eligible Pieces | – Last Quarter | | | |
| Beginning on November 10, 2008, a activities. Stations must execute a m February 17, 2009. During the last qu | inimum of one "Countdov | vn to DTV" on-air activ | ity per day during the 10 | 00 days leading up to |
| 0 | Graphic Displays | | | |
| 0 | Animated Graphics | | | |
| 0 | Graphic and Audio Displ | lays | | |
| 0 | Longer Form Reminders | | | |
| Comments (add additional sheets whe | re necessary): | 11100000000 | WARREST AND THE STATE OF THE ST | Man I |
| | | | | |
| | | | | |

Section C (For Noncommercial broadcasters only)

must also run one 30 minute transition education piece once (See rules for additional details).

Have you aired a sufficient amount of consumer education (60, 120, or 180 seconds per day, depending on the date) during each day this quarter?

Yes No

30 Minute Educational Programs – Last Quarter

How many 30 minute, DTV-related informational programs did your station run during the quarter? The comment box may be used to describe this activity. At least one such program must be run between the hours of 8:00 a.m. and 11:35 p.m., prior to February 17, 2009.

Total number of 30 Minute Informational Programs

Comments (add additional sheets where necessary):

On its analog channel, and its primary digital stream, a station must air 60 seconds per day of on-air consumer education, in variable timeslots, including at least 7.5 minutes per month between 6 pm and 12 am. Beginning May 1, 2008, this requirement doubles, and beginning November 1, 2008, it increases again, to 180 seconds per day and 22.5 minutes per month between 6 pm and midnight. It

Section D (For all broadcasters)

| Additional DTV On-air Initiatives – Last Quarter | |
|--|--|
| Did your station run additional on-air initiatives (such may be used to describe these initiatives. | as news reports, town hall meetings, etc.) during the quarter? The comment box |
| ☐ Yes ⊠ No | Comments (add additional sheets where necessary): |
| Station Website Additional Activity Related to the | DTV Transition – Last Quarter |
| Does your station have a Website? | Yes No |
| If YES, did your station provide additional DTV related describe what was posted on the station's Website. | ed information or activities on that Website? The comment box may be used to |
| ☐ Yes ☐ No | Comments (add additional sheets where necessary): |
| Additional DTV Outreach Efforts Last Quarter Check all of the DTV related activities listed below that to describe this activity. | at your station engaged in over the last quarter. The comment box may be used |
| Speaking Engagements | Comments (add additional sheets where necessary): |
| Community Events | Comments (add additional sheets where necessary): |
| Other (describe) | Comments (add additional sheets where necessary): |
| This comment box may be used to include other conquarter. | mments or information about your station's DTV activity over the last |
| Comments (add additional sheets where necessary): | |

STATION CERTIFICATION

I certify that the statements in this document are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

| Typed or Printed Name of Person Signing | Typed or Printed Title of Person Signing | | | | |
|---|---|--|--|--|--|
| Harry Pappas | General Partner, Pappas Telecasting of Concord, L.P., sole member of Concord License, LLC | | | | |
| Signature | Date | | | | |
| | 04/9/08 | | | | |

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/CR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

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